Member’s Application Form

 Please use capital letters throughout

Private and Confidential when complete

 Membership No: ……………..

**Personal details**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Rochford |  | Castle Point |

In which area do you live:

Mr/Mrs/Other (specify) …………. Forename: …………………….. Surname: ……………………………….

Address: ……………………………………………………………………………………………………………………………

…………………………………………… Post Code: …………………….. Mobile: …………………………………

Telephone: …………………………… Email: ………………………………………………………………………………

Next of Kin name/relationship: ……………………………………………………………………………………….

Address: ……………………………………………………………………………………………………………………….

Post Code: ………………………….. Telephone: …………………………… Mobile: …………………………..

**State of health/disabilities** ……………………………………………………………………………..

Doctor’s name and address: ………………………………………………………………………………………..

……………………………………………. Telephone: …………………………..

How did you hear of our scheme?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Doctor |  | Friend |  | Website |
|  | Clinic |  | Poster/leaflet |  | Other |

Do you use any of these aids:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Walking frame |  | Walking stick |  | Other  |

**Please note: If you are unable to get from your front door to our vehicle safely and without help we may not be able to offer you transport. If you are renewing membership, you must tell us if there has been a change in your mobility.**

A risk assessment will be carried out to assess whether electric wheelchairs and mobility scooters

are suitable to be transported

**Wheelchairs, scooters & travelling**

Do you use a wheelchair? Yes / No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Standard static |  | Electric wheelchair |  | Mobility scooter |

Are you able to move from the wheelchair during loading and unloading? Yes / No

If you use a wheelchair, can you transfer unaided to and from car/bus? Yes / No

Is it difficult for you to use public transport? Yes / No

If yes, please specify: …………………………………………………………………………………

Are your transport needs met by existing services and timetables? Yes / No

Can you easily get in and out of a minibus/car? Yes / No

Are you a permanent resident? ? Yes / No

Do you need an escort to travel? Yes / No

If Yes, please give details: …………………………………………………………………………………..

Any other information that may help the driver when he comes to call for you?

……………………………………………………………………………………………………………………….

**Declaration**

I declare that the information I have given on this form is true and I also authorise Wyvern Community Transport to make any enquiries necessary to verify the information given. Although this information is Private and Confidential, I give my permission for the relevant information to be used in the case of emergency. I understand that all personal data are processed and stored in accordance with the General Data Protection Regulation 2018.

![CastlePointBoroughCouncil-2[1]]()![CastlePointBoroughCouncil-2[1]]()Signed: ……………………………….. Date: ………………………………………..

Date: ……………..…………………

Signed: ………………………………………………………………………………………

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Yes / No

Yes / No

Yes / No

Yes / No